

STATEMENT OF ECONOMIC INTERESTS

Fall Regive D

FEB 1 1 2010

Please type or print in ink.

10 FEB 17 PM 2: LA Public Document

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REGINA ALCOMENDA	S. Coma	r Ci	ark-Rec	oner
Sauta Chris County	. 1		_	

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Yeager	Ken		1000 AND 10	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CODE	OPTIONAL E-MAIL ADDRESS	
	A Proprieta Landina Royal Bugan B	ADESA LASTICIA		
1. Office, Agency, or Cou	urt	4. Schedule Summa	ary	
Name of Office, Agency, or Court	 	► Total number of pages	3	
County of Santa Clara		including this cover pa	ge:	
Division, Board, District, if applicable:		► Check applicable schedules or "No reportable		
Board of Supervisors		Interests." I have disclosed interests on one or more of the		
Your Position:		attached schedules:	3 on one or angre or are	
Supervisor, Fourth District	WAR (100 A A A	Schedule A-1	schedule attached	
 If filing for multiple positions, fit position(s): (Attach a separat 		Investments (Less than 10% C	lwnership)	
1		Schedule A-2 Yes		
Agency: see attached		Investments (10% or Greater))wnership)	
Position:		Schedule B	schedule attached	
	***************************************		malanda sa maratand	
2. Jurisdiction of Office	(Check at least one hov)	Income, Loans, & Business	- schedule attached Positions (Income Other than Gits	
State	jumen of least one box/	and Travel Payments)		
County of Santa Clara	PFAMOUS PAMONON	Schedule D 🔀 Yes - Income - Gifts	schedule attached	
City of	**************************************	Schedule E Yes -	- schedule attached	
☐ Multi-County	A B BOOKEN ON THE STATE OF THE	Income - Gifts - Travel Pa		
Other	TANKA KATALA	-0	or-	
		No reportable interes	ts on any schedule	
3. Type of Statement (c)	reck at least one box)	****		
Assuming Office/Initial D	late:/	5. Verification		
Annual: The period covered			ale diligence in preparing the	
through December 31, 2009.			ble diligence in preparing this dithis statement and to the best	
O The period covered is	f f through	of my knowledge the inform attached schedules is true	ation contained herein and in any	
December 31, 2009.			•	
Leaving Office Date Left: (Check one)			erjury under the laws of the State going is true and correct.	
O The period covered is Janu	Jary 1, 2009, through The	r	Cahronovin anin	
date of leaving office.		Date Signed	ebruary 10, 2010	
O The period covered is	/ / through		The state of the second of the state of the	
the date of leaving office.	ununun, unungn	Signature	A LONG TO THE STATE OF THE STAT	
Candidate Election Year:		· · · · · · · · · · · · · · · · · · ·		

Statement of Economic Interests Additional Information:

Agency:

<u>Position</u>:

Santa Clara County	Supervisor, Fourth District
Association of Bay Area Governments	Representative
Air Resources Board	Board Member
Bay Area Air Quality Management District	Board Member
First 5	Commissioner
Library Joint Powers Authority	Alternate Director
Peninsula Corridor Joint Powers Board - CALTRAIN	Director
Metropolitan Transportation Commission	Commissioner
Valley Transit Authority	Ex-officio Board Member
West Valley Sanitation District	Board Member

SCHEDULE D Income - Gifts

			700 commission
Nan	ne		
	k	en Veans	2r

► NAME OF SOURCE	NAME OF SOURCE		
David Miller, Hanson Bridgett LLP	Mightycomm		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Addres≤ Acceptable)		
425 Market St, 26th FI, San Francisco CA 94105	654-C N Santa Cruz Ave #305 Los Gatos CA 95030		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Attorney	Automotive Environmental Communications		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIF7(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
05 / 26 / 09 s 72.83 SF Giants Ticket	07 / 28 / 09 s 50.00 Asilomar Dinner		
	\$		
► NAME OF SOURCE	▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
► NAME OF SOURCE	► NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPT/ON OF GIFTIS)	DATE (mm/dd/yy) VA/UE DESCR/PTION OF GIFT(S)		
/	5		
	\$		
	\$		
Comments:			